



MEMORANDUM

Agenda Item No. 11(A)(15)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 5, 2012

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively authorizing
in-kind services for the April 14,
2012 "Walk the Talk" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsors Chairman Joe A. Martinez.



R. A. Cuevas, Jr.
County Attorney

RAC/cp



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 5, 2012

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 11(A)(15)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(15)
6-5-12

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT AND THE POLICE DEPARTMENT FOR THE APRIL 14, 2012 "WALK THE TALK" EVENT SPONSORED BY EPILEPSY FOUNDATION OF FLORIDA, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,780.46 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 11 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, Epilepsy Foundation of Florida, Inc., has requested in-kind services from the Parks, Recreation, and Open Spaces Department and the Police Department for the April 14, 2012 "Walk the Talk" event in an amount not to exceed \$2,780.46 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Walk the Talk" event is to raise funds for the Epilepsy Foundation of Florida as well as community awareness regarding epilepsy; and

WHEREAS, the Epilepsy Foundation of Florida, Inc., is a not-for-profit organization; and

WHEREAS, the "Walk the Talk" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$2,780.46 of the in-kind services shall be funded from the unspent balance of the District 11 FY 2008-09 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation, and Open Spaces Department and the Police Department, for the April 14, 2012 "Walk the Talk" event sponsored by the Epilepsy

Foundation of Florida, Inc., in an amount not to exceed \$2,780.46 to be funded from the unspent balance of the District 11 FY 2008-09 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairman Joe A. Martinez. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman	
Audrey M. Edmonson, Vice Chairwoman	
Bruno A. Barreiro	Lynda Bell
Esteban L. Bovo, Jr.	Jose "Pepe" Diaz
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Rebeca Sosa	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of June, 2012. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

GKS

Gerald K. Sanchez

**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

****Note: Event budget must be included for "Special" and "Major" event types.****

Commissioner sponsoring event

Chair Joe Martinez

1. Full legal name of the requesting organization:

Epilepsy Foundation of Florida

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): _____

ANA JURADO

305-670-4949 x202

AJurado @ EFOF.ORG

4. Specify fee waiver or in-kind service requested (quantify, if applicable): _____

See Attachment #1

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): _____

"WALK the TALK" Epilepsy Walkathon - April 14, 2012
To raise funds ^{for} & awareness about Epilepsy.
To continue to serve the people with
epilepsy & their families.

See copy of Brochure - ATTACHMENT #2

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
☐ Arts and Culture: Event supports music, theatre, literature, art or culture
☐ Environmental: Event benefits environmental concerns or promotes conservation
☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): District #7

Crandon Park - Key Biscayne
6747 Crandon Boulevard
Key Biscayne, FL 33149

8. Description of regional or local impact: Raise awareness Locally &
be able to continue to serve those with epilepsy
and their families with the services we
provide.
See Attachment #3 FOR List of our Services.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): _____

Setup - 7AM ; WALK Begins at 9:00AM → 12:00 noon
REGISTRATION - 8:00AM
SEE Attachment #2

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See Map Attachment # 4

11. Expected number of participants and estimated attendance (per day, if applicable): 1,000
for Saturday, April 14, 2012.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): See Attachment # 5

I hereby certify that all the statements made in this application are true and correct.

Ana Jimado
Signature of Authorized Representative

3/16/2012
Date

ATTACHMENT #1

Below is the itemized list of our in-kind request. These are some of the requirements Crandon Park has.

- Application Fee - \$50.00
- Open Area Fee (for 1000 people) - \$663.00
- Showmobile Medium – 27x14 - \$2,000.00
- 2 Off Duty Police Officers - \$279.00
- 2 Port O Lets - \$300.00

Attachment
2

Many thanks
to our participating sponsors

PLATINUM SPONSOR



PERRY ELLIS INTERNATIONAL

GOLD SPONSOR



SILVER SPONSORS

Clayton Feig Fund



 Cleveland Clinic
Florida jetBlue

BRONZE SPONSORS

Cyberonics

 Holy Cross
Hospital

OTTENSON & ALLISON
Special Development Group of
RAYMOND JAMES
CLASDCRAYTS, INC.
Member New York Stock Exchange



MIAMI
CHILDREN'S
HOSPITAL.

Special Prizes for:

Largest Team

Largest Corporate Team

Largest School Team

Individual raising the most money



WALK THE
TALK!

Walk with the Epilepsy
Foundation of Florida

The Epilepsy Foundation leads the fight to stop seizures, find a cure and overcome challenges created by epilepsy.

In addition to providing clinical services, counseling programs to individuals and training for health-care, education, community organizations and corporate professionals, the Foundation serves as the lead advocate for the rights and needs of people with epilepsy and seizure disorders at the local, county and state level. One important mission is to help society better understand the disorder and foster a change in people's attitudes based on real facts, not fiction.



3,000,000: Epilepsy and seizure disorders affect over 3 million Americans of all ages – more than multiple sclerosis, cerebral palsy, muscular dystrophy, and Parkinson's disease combined.



375,000: In Florida, it is estimated that more than 375,000 people suffer from epilepsy and seizures.

50,000: It is estimated that up to 50,000 deaths occur annually in the U.S. from seizures – more than from breast cancer and other well-known maladies.

ONE: The additional number of people needed to help us to improve the numbers above.



Join us at our 2012 Walks

8:00 AM - Registration opens
9:00 AM - Walk begins

Vero Beach

RIVERSIDE PARK 3001 Riverside Park Drive,
Vero Beach, FL 32963 - Saturday, February 11, 2012
772-766-6258

Gainesville

KANAPAH PARK 7400 SW 41st Place
Saturday, March 24, 2012 / 352-378-4324

Jacksonville

MEMORIAL PARK 1620 Riverside Ave
Saturday, March 31, 2012 / 904-731-3752

Miami

CRANDON PARK 6747 Crandon Boulevard,
Key Biscayne - Saturday, April 14, 2012 / 305-670-4949

Broward

HOLLYWOOD BEACH 3601 N. Ocean Drive,
Hollywood - Sunday, April 15, 2012 / 954-779-1509

West Palm Beach

JOHN D. MACARTHUR BEACH STATE PARK
10900 A1A, North Palm Beach
Saturday, April 21, 2012 / 561-478-6515

Stuart

FLAGLER PARK
201 SW Flagler - Sunday, April 22, 2012 / 772-223-4962

Daytona

MARY MACLEOD BETHUNE PARK
6656 S. Atlantic Avenue, New Smyrna Beach
Saturday, April 28, 2012 / 386-274-0648

1-877-55-EPILEPSY (1-877-553-7453)



Attachment
#2 (cont)

NON-PROFIT ORG
US POSTAGE
PAID
FT. LAUDERDALE, FL
PERMIT NO. 0041

1200 N.W. 78th Avenue, Suite 400

Miami, FL 33126

Fax: 305-670-0904

1-877-55-EPILEPSY - 1-877-553-7453



40 YEARS

**WALK FOR
EPILEPSY!**

Register on-line:
www.epilepsyfla.org

All proceeds benefit the
Epilepsy Foundation of Florida

10

**WALK THE
TALK!**

Join us!

**for Epilepsy
and Seizure
Disorders**



**Sunday
April 15
2012**

8:00 AM
Registration opens
9:00 AM
Walk begins

BROWARD
HOLLYWOOD BEACH
3601 N. Ocean Drive
Hollywood

Attachment #2 (cont.)



**EPILEPSY
FOUNDATION®**
FLORIDA

1-877-55-EPILEPSY
(553-7453)

40
YEARS

Register on-line:
www.epilepsyfla.org

**HIGH VALUE
CHARITY**
91%
of expenditures are for the
charitable purpose

ALL PROCEEDS WILL BENEFIT THE EPILEPSY FOUNDATION OF FLORIDA

To register go to **www.EpilepsyFLA.org**
For further information or to volunteer, call 954-779-1509

||

go to www.epilepsyFLA.org to register
OR
fill out the registration form below

Attachment #2 (cont.)



**EPILEPSY
FOUNDATION[®]**
FLORIDA

CORP. MATCH

[illegible]

Don't stop now! Keep going and attach copies

In consideration of my being permitted to participate in the Epilepsy Foundation of Florida, Inc., 2012 Walk-a-Thon (the "Walk-a-Thon"), I hereby release Epilepsy Foundation of Florida, Inc., and its affiliates (collectively the "Sponsor"), from any and all liability which may arise out of my participation in the Walk-a-Thon, and I agree to indemnify and hold harmless the Sponsor from all liability and expense arising out of such participation. I hereby waive all rights of action which I, my heirs, or representatives may have against the Sponsor or any other person connected with the Walk-a-Thon. I FULLY ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT. I am in good health and proper physical condition to participate in the Walk-a-Thon and I will stop my participation if I believe my participation becomes unsafe. I understand that there are physical risks and dangers associated with this. I understand that pictures, video or audio of this event may be taken, I give permission to the Sponsor to use any pictures, video or audio of my participation in the Walk-a-Thon for future promotional purposes without compensation. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds, rather all funds raised will be considered a donation to the Epilepsy Foundation. For further information, please e-mail us at events@efof.org or phone us at 305-670-4949 or toll-free at 877-553-7453.

All walkers are encouraged to raise \$100 or more. Registered walkers over 12 years old who donate or raise \$50 or more, and registered walkers under 12 years old who raise \$30 or more, will receive a Walk the Talk t-shirt.



Return your Registration form to: Epilepsy Foundation of Florida 1200 N.W. 78th Avenue, Suite 400 Miami, FL 33126

Your Signature: _____
 I can't participate, but here's my tax-deductible donation of \$ _____
 I am walking and making a tax-deductible donation of \$ _____
☐ My tax-deductible donation is eligible for a corporate match and I have attached the necessary paperwork.
 T-shirt size: (please circle) S M L XL XXL Child: M
☐ I need a special t-shirt for walkers with epilepsy _____
 Walker Name #1: _____
 Walker Name #2: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Team Name (if applicable): _____

Your support is sincerely appreciated. Donations are tax deductible to the full extent allowed by law. Epilepsy Foundation of Florida, Inc., is a non-profit organization with section 501 (c)(3) status for tax purposes, and is governed by a Board of Directors. (EIN: 59-2164525) A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7372) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Epilepsy Foundation of Florida, 1200 NW 78th Avenue, Suite 400 Miami, FL 33126 Fax: 305-670-0904, Solicitation CH759.

WALK WITH US...

This is epilepsy...

Epilepsy is a disorder of the nervous system that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. Seizures can vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions.

Nearly 3 million Americans are living with epilepsy and approximately 200,000 new cases of epilepsy are diagnosed each year. Epilepsy affects people of all ages, races, and ethnic backgrounds, and can develop at any time of life, especially in childhood and old age.

How can the Epilepsy Foundation of Florida help?

The Epilepsy Foundation® of Florida (EFOF) was established in 1971 as a not-for-profit 501(c)(3). EFOF is a principal provider of epilepsy programs and services as designated by the Florida Department of Health, servicing the estimated 360,000 Floridians who suffer from the condition. It is the sole licensee in the state of the National Epilepsy Foundation®, which has led the fight against epilepsy since 1968.

EFOF serves as the lead advocate for the rights and needs of people with epilepsy and seizure disorders at the local, county and state level. EFOF provides many valuable services to individuals and their families, regardless of their financial situation, including:

- ♦ Advocacy
- ♦ Case Management
- ♦ Information, Referral and Support
- ♦ Medical Services
- ♦ Neuropsychological Services
- ♦ Prevention and Education
- ♦ Individual and Family Counseling
- ♦ Research
- ♦ Development and Fund-Raising
- ♦ Resource Materials
- ♦ Support Groups
- ♦ Children's Camp



Our mission is to ensure that people with seizures are able to participate in all life experiences, as well as prevent, control and cure epilepsy through comprehensive services, education, advocacy and research. To improve how people with epilepsy are perceived, accepted and valued in society.

0 Hlllcrpser

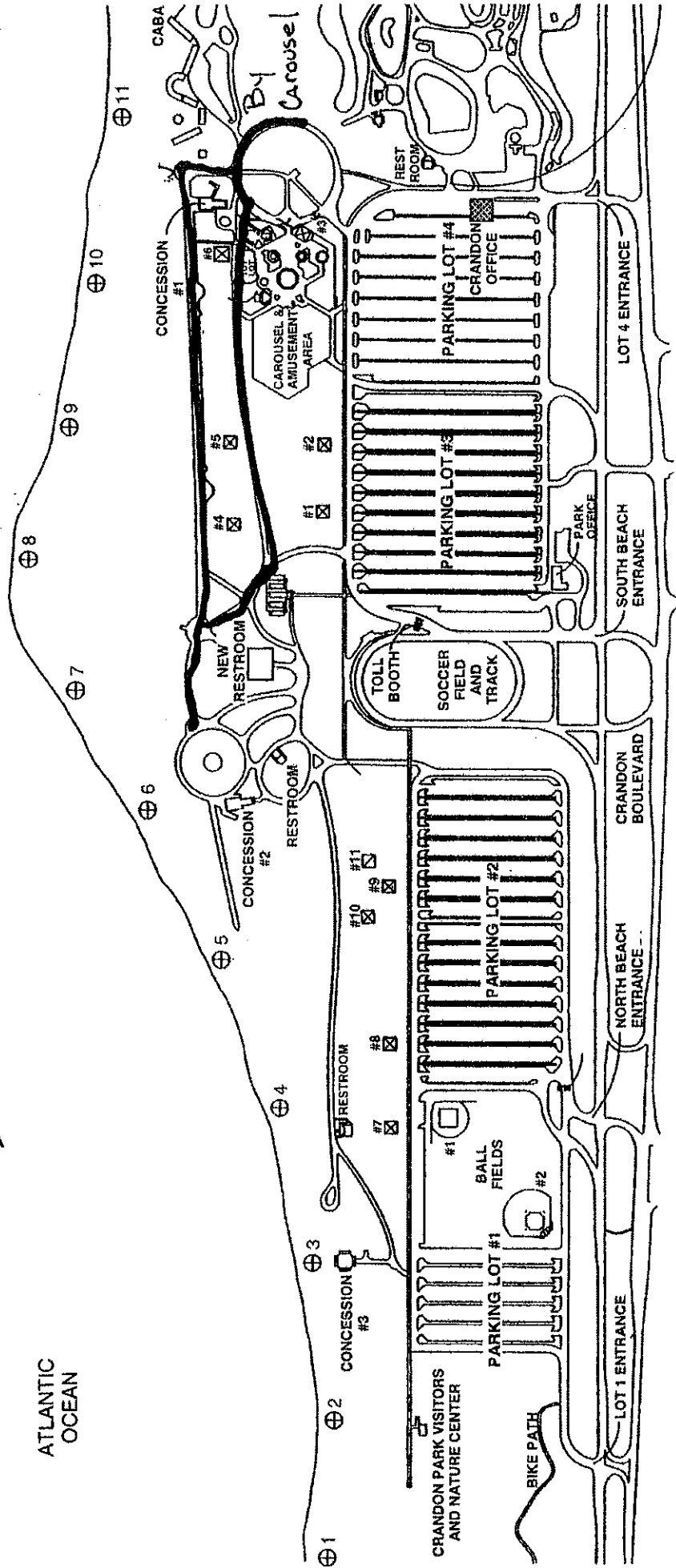
Attachment #4

— where indicate in
This is an estimate
It is only a \$K.

NORTH



ATLANTIC
OCEAN



CRANDON PARK

To request material in accessible format, information on access for persons with disabilities,
or sign language interpreter services (7 days in advance), call 305-365-6706

2012 Epilepsy Foundation of Florida
Key Biscayne Walk - April 13, 2012

Total Expenses		
	Estimated	Actual
Site		
Park Application	\$50.00	\$50.00
Open Area Fee	\$663.40	\$663.40
Medium Showmobile	\$2,000.00	\$2,000.00
Port a Let (2)	\$300.00	\$300.00
Security	\$280.00	\$280.00
Totals	\$3,013.40	\$3,013.40

Prizes		
T-Shirts	\$1,500.00	\$1,500.00
Certificates		
Thank You Letters		
Goody Bags		
Trophy / Medals	\$50.00	\$50.00
Totals	\$1,550.00	\$1,550.00

Publicity		
Graphics work		\$0.00
Photocopying/Printing	\$2,500.00	\$2,500.00
Postage	\$500.00	\$500.00
Totals	\$3,000.00	\$3,000.00

Miscellaneous		
Signage	\$350.00	\$350.00
Transportation		
Volunteer Transportation	\$100.00	\$100.00
Photography / Video		\$0.00
Totals	\$450.00	\$450.00

Refreshments		
Food	\$500.00	\$500.00
Drinks	\$500.00	\$500.00
Linens	\$0.00	\$0.00
Water (Waterstations)	\$0.00	\$0.00
Totals	\$1,000.00	\$1,000.00

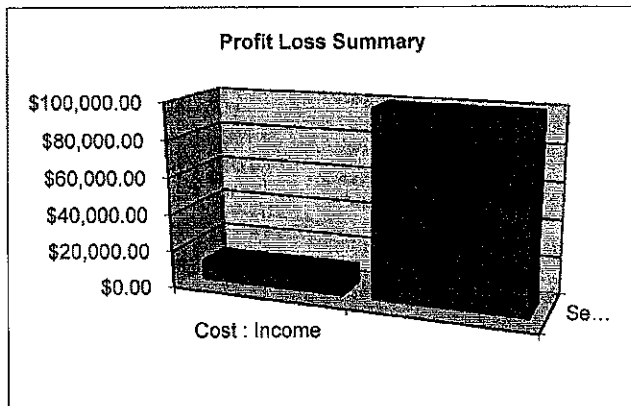
Program		
Performers	\$250.00	\$250.00
Speakers		
Bounce House	\$300.00	\$300.00
Other	\$1,000.00	\$1,000.00
Totals	\$1,550.00	\$1,550.00

Decorations		
Ribbons/Streamers		
Tables, tents and chairs	\$100.00	\$100.00
Totals	\$100.00	\$100.00

Event Total Cost		
Event Cost	Estimated	Total
	\$10,663.40	\$10,663.40

Total Income			
Money raised			
	Class	Price	Actual
600 Participants	Adults @	\$50.00	\$30,000.00
Sponsors	Corporate	\$70,000.00	\$70,000.00
			Total
			\$100,000.00

Profit Loss Summary			
Total Expenses			\$10,663.40
Total Income			\$100,000.00
Profit:			\$89,336.60



Attachment #5



MIAMI-DADE-POLICE DEPARTMENT
FISCAL ADMINISTRATION BUREAU
9105 N.W. 25TH STREET
MIAMI, FLORIDA 33172



OFF-REGULAR-DUTY POLICE SERVICE PERMIT APPLICATION

Temporary ☒

Permanent ☐

The MIAMI-DADE POLICE DEPARTMENT is NOT obligated to provide Off-Regular-Duty Police Service. A permit will not be issued to any person, firm, or organization whose officers, members, business, or operations are questionable or for any event that will discredit the employee or Department.

It is understood that, notwithstanding the fact that the permit holder will reimburse Miami-Dade County for the services rendered, the police personnel remain employees of the Miami-Dade Police Department. The applicant is restricted to the general assignment of duties to be performed and has no authority over the police personnel.

It is further understood by all parties that a police officer performing off-regular-duty service who takes police action falling within the purview, or on the permit holder's premises, shall remain in an off-regular-duty service status for the duration of time it takes to complete the processing of such action. Any time beyond that originally contracted for which is used to complete the processing of the police action shall be paid for by the permit holder. However, an officer taking police action outside the purview of the permit, or off the permit holder's premises, will revert to an on-duty status.

All compensation due for permanent permits will be paid in check or money order form, payable to Board of County Commissioners and forwarded to the Miami-Dade Police Department, Fiscal Administration Bureau - Off-Duty Police Unit, 9105 NW 25 Street, Suite 3049, Doral, FL 33172. Payment is due upon receipt of Off-Regular-Duty Police Services invoice. Accounts (30) days in arrears will be subject to finance charges at the maximum legal rate.

Compensation for temporary permits must be paid upon request of service. Payments must be by certified check, money order, travelers check, cashier's check, or cash, and must be payable to Board of County Commissioners.

Any compensation over and above the rate established by ordinance is prohibited.

DATE: 3-23-12 FEDERAL TAX ID NO. 59-2164525

APPLICANT/BUSINESS NAME: Epilepsy Foundation

(Business or Organization)

TELEPHONE: (305) 670-4949 FAX: (305) 670-0904

BUSINESS ADDRESS: 1200 NW 78th Avenue, #400, Miami, FL 33126

MAILING ADDRESS: 1200 NW 78th Avenue, #400, Miami, FL 33126

EMAIL ADDRESS: gbusse@efof.org

NAME OF AUTHORIZED AGENT REQUESTING PERMIT:

Gema R. Busse
(First) (Middle) (Last)

SSN: 261-33-0543 DOB 09-04-57 Race H Sex F.
(MO.-DAY-YR.)

HOME ADDRESS 8510 SW 104 St. Miami HOME PHONE (305) 596-5066

CITY: Miami STATE FL. ZIP 33156

Is requesting to engage the services of Off-Regular-Duty Police Personnel of the Miami-Dade County, Miami-Dade Police Department, for police services that are in addition to those provided generally to the public.

PERIOD OF EMPLOYMENT: BEGINNING DATE 04-14-12 ENDING DATE 04-14-12

HOURS TO BE WORKED: 4 Hrs. From 8:00^{am} To 12:00^{noon} From _____ To _____

SPECIFIC LOCATION OF POLICE SERVICE: Crandon Park 6747 Crandon Blvd. Key Biscayne

SPECIFIC SERVICE TO BE PERFORMED: Security near the
Registration table where there will be cash.
General Security during walk-a-thon.

Other Equipment Requested: No X Yes _____

☐ Motorcycle ☒ Marked Police Vehicle ☐ Horse and Trailer ☐ Helicopter
☐ Airplane ☐ Canine ☐ Air Fills ☐ All Terrain Vehicle

Additional Concerns: _____

Number of Police Personnel Required: Supervisor _____ Officers 2 Motorcycle Officers _____

Additional Permits (If Required) STATE NO. _____ COUNTY NO. _____

A permit holder may relinquish his permit at any time. However, in the event of such relinquishing, the permit holder shall be required to pay a reasonable compensation for all expenses incurred to provide the services authorized by the permit. The permit holder will be assessed a 3-hour minimum rate for each hiree.

A credit report will be conducted to establish if the applicant's credit history meets the Department's requirements.

THIS PERMIT MAY BE CANCELED BY THE DIRECTOR OF THE MIAMI-DADE POLICE DEPARTMENT, OR HIS AGENT, AT ANY TIME WITH OR WITHOUT CAUSE. THE PERMANENT PERMIT WILL BE REVIEWED ANNUALLY.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND WILL ACT IN FULL COMPLIANCE WITH THEM.

Lema Bussi
Signature of Permit Holder/Agent

Special Event Coordinator
Occupation - Name of Business

Amador
Witness

305-670-4949 ext 230
Business Telephone Number

AFTER INVESTIGATING THIS REQUEST, IT IS RESPECTFULLY RECOMMENDED THAT THIS APPLICATION BE:

APPROVED

DATE

DISAPPROVED

Supervisor

Supervisor

PERMIT NO.: _____ VALID WHEN ISSUED.

ORIGINATOR: _____



Crandon Park Estimated Special Event Fee Schedule

"Delivering Excellence Every Day"



4/14/12 Epilepsy Walk

Estimated Attendance

1000

Estimated # of cars (2.5 per car)

400

Description	Fee	Areas	Cost	Notes
Area fee	\$ 663.40	1	\$ 663.40	
Cabana	\$35.00	0	\$ -	
Shelters	\$100	0	\$ -	
Showmobile	\$1,400	1	\$ 1,400.00	
			\$ 2,063.40	

Personnel	Rate	Amount	Hrs	Cost	
	\$0	0	0	\$ -	
	\$ -			\$ -	
Maintenance Supervisor	\$ 32.52	0	0	\$ -	
Maintenance Operator	\$ 24.09	0	0	\$ -	
Park Service Aid	\$ 13.03	2	2	\$ 26.06	
Toll Operator	\$ 13.03	0	0	\$ -	
Park Management	\$ 45.00	1	1	\$ 45.00	
Early Gate Entry	\$ 40.00	2	2	\$ 80.00	
Estimated Staff fee				\$ 151.06	
Permit fee	\$ 50.00	1		\$ 50.00	
Parking	Fee	# Cars		Cost	
Parking	\$ 6.00	28		\$ 168.00	Volunteers/event paid by participants

Damage Deposit	\$ -
Park Improvement Surcharge	\$ -
Deposit	\$ -
Tax 0%	\$ -
Total	\$ 2,432.46

Damage Deposit

The Event Organizer will be responsible for remitting a damage deposit that will be held by the Park and Recreation Department until the conclusion of an inspection of the condition of the Park and Recreation Facility where the Special Event was held. This deposit shall be required one day prior to the Event.

- Class "A" Event \$5,000.00
- Class "B" Event \$3,000.00
- Class "C" Event \$1,500.00

This deposit will be returned in full within 14 days after the Event to the Event Organizer if no extraordinary damage to a Facility is determined. If damage is detected, the full cost of repairs will be subtracted from the deposit amount. If the damage exceeds the deposit amount, the Event Organizer will be billed for the remaining costs associated with the repair of the damage.

This is an estimate. Actual Crandon Park usage and manpower will be applied to the invoice.

IMPORTANT NOTE:

Waivers

Any and all waivers of fees or surcharges must be approved by a majority of the Board of County Commissioners members present, and shall be granted only if the Event Organizer can provide evidence that such fees and surcharges exact an undue burden on Event guests.

2012 Epilepsy Foundation of Florida
Key Biscayne Walk - April 13, 2012

Total Expenses

	Estimated	Actual
Site		
Park Application	\$50.00	\$50.00
Open Area Fee	\$663.40	\$663.40
Medium Showmobile	\$2,000.00	\$2,000.00
Port a Let (2)	\$300.00	\$300.00
Security	\$280.00	\$280.00
Totals	\$3,013.40	\$3,013.40

Prizes		
T-Shirts	\$1,500.00	\$1,500.00
Certificates		
Thank You Letters		
Goody Bags		
Trophy / Medals	\$50.00	\$50.00
Totals	\$1,550.00	\$1,550.00

Publicity		
Graphics work		\$0.00
Photocopying/Printing	\$2,500.00	\$2,500.00
Postage	\$500.00	\$500.00
Totals	\$3,000.00	\$3,000.00

Miscellaneous		
Signage	\$350.00	\$350.00
Transportation		
Volunteer Transportation	\$100.00	\$100.00
Photography / Video		\$0.00
Totals	\$450.00	\$450.00

Refreshments		
Food	\$500.00	\$500.00
Drinks	\$500.00	\$500.00
Linens	\$0.00	\$0.00
Water (Waterstations)	\$0.00	\$0.00
Totals	\$1,000.00	\$1,000.00

Program		
Performers	\$250.00	\$250.00
Speakers		
Bounce House	\$300.00	\$300.00
Other	\$1,000.00	\$1,000.00
Totals	\$1,550.00	\$1,550.00

Decorations		
Ribbons/Streamers		
Tables, tents and chairs	\$100.00	\$100.00
Totals	\$100.00	\$100.00

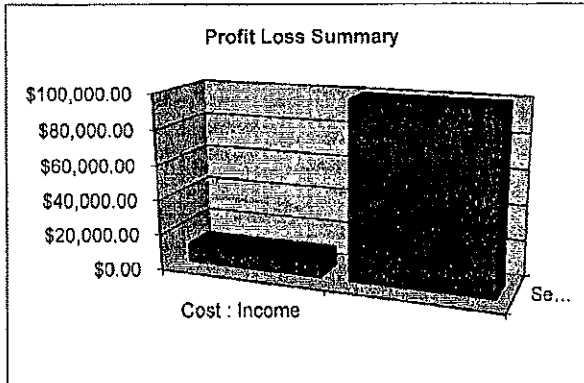
Event Total Cost		
Event Cost	Estimated	Total
	\$10,663.40	\$10,663.40

Total Income



Money raised			
	Class	Price	Actual
600 Participants	Adults @	\$50.00	\$30,000.00
Sponsors	Corporate	\$70,000.00	\$70,000.00
			Total
			\$100,000.00

Profit Loss Summary

Total Expenses		\$10,663.40
Total Income		\$100,000.00
Profit:		\$89,336.60



Attachment #5

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help
Previous on List Next on List Return To List			Entity Name Search		
Events Name History			<input type="button" value="Submit"/>		
Detail by Entity Name					
Florida Non Profit Corporation					
EPILEPSY FOUNDATION OF FLORIDA, INC.					
Filing Information					
Document Number	721887				
FEI/EIN Number	592164525				
Date Filed	10/15/1971				
State	FL				
Status	ACTIVE				
Last Event	MERGER				
Event Date Filed	06/12/2008				
Event Effective Date	06/30/2008				
Principal Address					
1200 N.W. 78TH AVE., STE 400 MIAMI FL 33126					
Changed 12/16/2010					
Mailing Address					
1200 N.W. 78TH AVE., STE 400 MIAMI FL 33126					
Changed 12/16/2010					
Registered Agent Name & Address					
BASHA-EGOZI, KAREN CEO 1200 NW 78TH AVE. DORAL FL 33126 US					
Name Changed: 02/08/2010					
Address Changed: 12/16/2010					
Officer/Director Detail					
Name & Address					
Title P					
DEAN, PAT MS. MCH, 3200 SW 62 AVENUE MIAMI FL 33155					
Title T					
GARCIA-CONCHESO, TARINA 445 SW 25TH ROAD MIAMI FL 33129					

20

Title S

GREEN, NOVETTE
PNPB 12959 PALMS WEST DRIVE STE 120
LOXAHATCHEE FL 33470

Title V

NEWMYER, A.G III
2355 MARSEILLES DR
PALM BEACH GARDENS FL 33410

Title MGRM

JONES, CHARLES
1909 S UNIVERSITY BLVD STE 802
JACKSONVILLE FL 32216

Annual Reports**Report Year Filed Date**

2010	02/08/2010
2011	03/17/2011
2012	01/05/2012

Document Images

01/05/2012 -- ANNUAL REPORT	View image in PDF format
03/17/2011 -- ANNUAL REPORT	View image in PDF format
12/16/2010 -- Reg. Agent Change	View image in PDF format
12/16/2010 -- ADDRESS CHANGE	View image in PDF format
02/08/2010 -- ANNUAL REPORT	View image in PDF format
02/26/2009 -- ANNUAL REPORT	View image in PDF format
06/12/2008 -- Merger	View image in PDF format
04/10/2008 -- ANNUAL REPORT	View image in PDF format
02/21/2007 -- ANNUAL REPORT	View image in PDF format
09/19/2006 -- Name Change	View image in PDF format
02/13/2006 -- ANNUAL REPORT	View image in PDF format
01/19/2005 -- ANNUAL REPORT	View image in PDF format
07/06/2004 -- ANNUAL REPORT	View image in PDF format
02/03/2003 -- ANNUAL REPORT	View image in PDF format
05/27/2002 -- ANNUAL REPORT	View image in PDF format
06/19/2001 -- ANNUAL REPORT	View image in PDF format
05/10/2000 -- ANNUAL REPORT	View image in PDF format
05/01/1999 -- ANNUAL REPORT	View image in PDF format
07/30/1998 -- ANNUAL REPORT	View image in PDF format
05/19/1997 -- ANNUAL REPORT	View image in PDF format
07/02/1996 -- ANNUAL REPORT	View image in PDF format
04/12/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

21

[Previous on List](#) [Next on List](#) [Return To List](#)

Entity Name Search

[Events](#)

[Name History](#)

[| Home](#) | [Contact us](#) | [Document Searches](#) | [E-Filing Services](#) | [Forms](#) | [Help](#) |

Copyright © and Privacy Policies
State of Florida, Department of State

22

Memorandum



Date: June 5, 2012

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in cursive script, likely belonging to Carlos A. Gimenez.

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by a non-for-profit, Epilepsy Foundation of Florida, Inc., for their "Walk the Talk" event held on April 14, 2012.

In-kind services have been requested in an amount not to exceed \$2,432.46 from the Parks, Recreation, and Open Spaces Department for the use of Crandon Park, parking, and a showmobile; and \$348 from the Police Department for off-regular-duty police service. This event will be funded from the unspent balance of the District 11 FY 2008-09 In-Kind Reserve Fund.

A handwritten signature in cursive script, likely belonging to the Deputy Mayor.

Deputy Mayor

Inkind012015